

Surplus Line/Special Lines' Surplus Line**Deletion Application**

To be used only when deleting Surplus Line and/or
Special Lines' Surplus Line Brokers

— Read Instructions on Reverse Side —

1 ORGANIZATION NAME: _____
(List name as shown on organization license)

2 ORGANIZATION LICENSE # _____
(List last seven digits)

3 COMPLETE THE FOLLOWING INFORMATION PERTAINING TO THE NATURAL PERSON(S) YOU ARE DELETING:

	A	B			C	D	<input type="checkbox"/> WK STA <input type="checkbox"/>
	TRANSACTION NUMBER	LAST	FIRST	MIDDLE	LICENSE TYPE PREFIX	RELATIONSHIP TO THE ORGANIZATION	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

4 ORGANIZATION STATEMENT AND SIGNATURE:

Request is made to the Insurance Commissioner by the named organization to delete the transacting authority of the above named natural person from the named organization's license type listed above.

SIGNATURE _____ TITLE _____ PHONE # () _____
(Officer or General Partner of Organization)

FILING INSTRUCTIONS AND INFORMATION

All entries, except the signature must be typed.

TRANSACTION NUMBER and TRANSACTION NAME: (Column A and B)

Refer to the licensing form originally issued by the Department, for each specific license type under which the person was named; enter the four digit transactor number (appearing to the left of the transactor name) and the transactor name exactly as shown on that licensing form.

LICENSE TYPE PREFIX: (Column C)

SL - Surplus Line Broker

SP - Special Lines' Surplus Line Broker

RELATIONSHIP TO THE ORGANIZATION: (Column D)

Enter one of the following: - EMPLOYEE, OFFICER, (give title), OR PARTNER.

If deleting an OFFICER: a letter, signed by an Officer of the organization must be attached to this application, listing the full names and residence address of the current President, Vice-President, Secretary, Treasurer, Directors and those Stockholders owning 10% or more of the stock.

If deleting a PARTNER: a 'Change in Membership of a Partnership' application (Form 421-4) and required fees must be filed with this Department, within 30 days of such change, in order to continue the licensing rights of the Partnership.

— SAMPLE —

	A				B			C		D	<input type="checkbox"/> WK STA <input type="checkbox"/>	
	TRANSACTION NUMBER				TRANSACTION NAME			LICENSE TYPE PREFIX		RELATIONSHIP TO THE ORGANIZATION		
	LAST	FIRST	MIDDLE									
1	0	0	3	7	Jones, Michael			S	L	E		
2	0	0	3	8	Jones, Michael			S	P	E		

FEE: A Fee is required for each name deleted under each license type.

If the only remaining person under a specific license type has been deleted, a new transactor must be named within 30 days from date of that deletion or the organization's license will be cancelled and a complete new organizational filing will be required.

To obtain insurance licensing FORMS by mail, send request to:

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
320 CAPITOL MALL
SACRAMENTO, CA 95814-4309

or you may phone Sacramento (916) 492-3061

To obtain insurance licensing information - Phone - Sacramento (916) 322-3555.

MAIL THIS APPLICATION AND FEES TO:

Department of Insurance
P.O. Box 1139
Sacramento, CA 95812-1139